



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

<http://www.dmas.state.va.us>

MEDICAID MEMO

TO: All Prescribing Providers, Pharmacists, and Managed Care Organizations (MCOs)
Participating in the Virginia Medical Assistance Program

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 11/19/2015

SUBJECT: Virginia Medicaid Preferred Drug List (PDL) Program Changes *Effective January 1, 2016*, Drug Utilization Review (DUR) Board Approved Drug Service Authorization (SA) Requirements and Coverage of Over-the-Counter (OTC) drugs.

The purpose of this memorandum is to inform providers about changes to Virginia Medicaid's fee-for-service Preferred Drug List (PDL) Program that will be effective on January 1, 2016 and new drug service authorization (SA) requirements approved by DMAS' DUR Board. Also included is DMAS' coverage policy on over-the-counter (OTC) drugs.

Coverage for Over-the-Counter (OTC) Drugs

Virginia Medicaid covers certain FDA approved, rebateable over-the-counter (OTC) products when they are used as therapeutic alternatives to more costly legend drugs. Therefore, these products should only be prescribed for outpatients when the provider otherwise would have used a more expensive legend product. The choice of whether or not to use these additional products is to be determined by the member's prescribing health care provider. Requests for OTC products are handled in the same manner as prescriptions. The order may be written as a prescription (on a tamper resistant pad/paper) or transmitted to the pharmacy by any other means, which complies with the regulations of the Board of Pharmacy. Products covered under this program must be supplied by companies participating in the CMS Medicaid rebate program. Additional details regarding OTC coverage can be found in the Pharmacy Manual, Chapter IV – Covered Services and Limitations and can be accessed at <https://www.ecm.virginiamedicaid.dmas.virginia.gov/WorkplaceXT/getContent?vsId={85176287-60C5-4F6A-81CE-A1DCC3E93144}&impersonate=true&objectType=document&id={929E01B3-0D22-463F-9D8B-CC3427FEFB2C}&objectStoreName=VAPRODOS1>.

Preferred Drug List (PDL) Updates – Effective January 1, 2016

The PDL is a list of preferred drugs, by select therapeutic class, for which the Medicaid fee-for-service program allows payment without requiring service authorization (SA). In designated classes, drug products classified as non-preferred will be subject to SA. In some instances, other additional clinical criteria may apply to a respective drug class which could result in the need for a SA.

The PDL program aims to provide clinically effective and safe drugs to its members in a cost-effective manner. Your continued compliance and support of this program is critical to its success. The PDL

applies to the Medicaid, FAMIS, and FAMIS Plus fee-for-service populations. The Virginia Medicaid PDL **does not** apply to members enrolled in a Managed Care Organization (MCO).

On October 15, 2015, the DMAS Pharmacy and Therapeutics (P&T) Committee conducted its annual review of the PDL Phase I drug classes.. The Committee approved the following **changes** and additions to Virginia Medicaid's PDL:

Drug Class	Preferred	Non-Preferred (Requires SA)
ACE Inhibitors & Combinations		captopril/HCTZ
Alzheimer's Agents	memantine tabs	memantine dose pak, Namenda [®]
Androgen Hormone Inhibitors		Avodart [™]
Antibiotics, Inhaled	Kitabis [®] , Bethkis [®]	Tobi [®]
Antibiotics, Vaginal	metronidazole gel	Metrogel [®] , Vandazole [™]
Anticonvulsants	Depakote [®] Sprinkle, felbamate tabs & susp	divalproex sprinkle, Felbatol [®] tab & susp
Antihistamines, Intranasal		Astepro [™] 0.15%
ARBs & ARB Combinations	Entresto [™]	
Beta Adrenergic, Short Acting	Proair [®] HFA	Advair [®] HFA
Glucocorticoids (oral)	budesonide EC	Entocort [®] EC
H. Pylori Treatment		Prevpac [®]
Hepatitis C	Daklinza [™] , Technivie [™]	
Leukotriene Modifiers		Accolate [®]
Lipotropics (PCKS9 Inhibitors)		Praluent [®] , Repatha [™]
Lipotropics (Fibric Acid Derivatives)	Tricor [®]	fenofibrate (generic Tricor [®] and Fenoglide [®])
Lipotropics (Niacin Derivatives)	Niacor [®]	
Ophthalmic – Alpha 2 Adrenergics	apraclonidine 0.5%	Iopidine [®]
Ophthalmic – Antihistamines	Pazeo [™]	
Ophthalmic – Beta Blockers	Combigan [®]	
Phosphate Binders	Renvela [®]	
Steroids, Nasal	fluticasone	
Urinary Antispasmodics		Oxytrol [®]

The P&T Committee approved clinical edits for the following drugs: Cresemba[®] (antifungals, oral), Daklinza[™] and Technivie[™] (antivirals - hepatitis C), Aptensio[®] XR (stimulants), Entresto[™] and Praluent[®], Repatha[™] (lipotropics - PCKS9 inhibitors), Relistor (GI motility), Cialis[®] and tadalafil (genitourinary BPH). Please refer to the Preferred Drug List for the complete clinical edit criteria for each drug class. This list can be accessed at www.virginiamedicaidpharmacyservices.com/.

Virginia's PDL can be found at http://www.dmas.virginia.gov/Content_pgs/pharm-pdl.aspx or <https://www.virginiamedicaidpharmacyservices.com/>. In addition a copy of the PDL can be obtained by contacting the Magellan Clinical Call Center at 1-800-932-6648. Additional information and Provider Manual updates will be posted as necessary. Comments and questions regarding this program may be emailed to pdlinput@dmas.virginia.gov.

PDL and DUR Service Authorization (SA) Process

A message indicating that a drug requires a SA will be returned at the point of sale (POS) when a prescription for a non-preferred drug is entered at point-of-sale (POS). Pharmacists should contact the

member's prescribing provider to request that they initiate the SA process. Prescribers can request a SA by letter, faxing to 1-800-932-6651, contacting the Magellan Clinical Call Center at 1-800-932-6648 (available 24 hours a day, seven days a week), or by using the web-based service authorization process (Web SA). Faxed and mailed SA requests will receive a response within 24 hours of receipt. SA requests can be mailed to:

Magellan Medicaid Administration
ATTN: MAP Department/ VA Medicaid
11013 W. Broad Street, Suite 500
Glen Allen, Virginia 23060

Service authorizations forms are available online at www.virginiamedicaidpharmacyservices.com. The PDL criteria for SA purposes are also available on the same website.

PDL 72-Hour-Supply Processing Policy and Dispensing Fee Process

The PDL program provides a process where the pharmacist may dispense a 72-hour supply of a non-preferred, prescribed medication if the prescriber is not available to consult with the pharmacist (after-hours, weekends, or holidays), **AND** the pharmacist, in his/her professional judgment, consistent with current standards of practice, feels that the patient's health would be compromised without the benefit of the drug. A phone call by the pharmacy provider to Magellan Medicaid Administration at 1-800-932-6648 (available 24 hours a day, seven days a week) is required for processing a 72-hour supply. The member will be charged a co-payment applicable for this 72-hour supply (partial fill). However, a co-payment will not be charged for the completion fill. The prescription must be processed as a "partial" fill and then a "completion" fill. For unit-of-use drugs (i.e., inhalers, drops, etc.), the entire unit should be dispensed and appropriate action taken to prevent similar situations in the future.

Pharmacy providers are entitled to an additional \$3.75 dispensing fee when filling the completion of a 72-hour-supply prescription for a non-preferred drug. To receive the additional dispensing fee, the pharmacist must submit the 72-hour supply as a partial fill and, when submitting the claim for the completion fill, enter "03" in the "Level of Service" (data element 418-DI) field. The additional dispensing fee is only available (one time per prescription) to the pharmacist after dispensing the completion fill of a non-preferred drug when a partial (72-hour supply) prescription was previously filled.

DMAS Drug Utilization Review Board Activities

The DMAS Drug Utilization Review Board (DUR Board) met on August 20, 2015 and recommended that DMAS require prescribing providers to submit a Service Authorization (SA) for the use of the following drugs based on FDA approved labeling:

- Contrave® (naltrexone/bupropion)
- Esbriet® (pirfenidone)
- Farydak® (panobinostat)
- Ibrance® (palbociclib)
- Jadenu™ (deferasirox)
- Lenvima™ (lenvatinib)
- Lynparza® (olaparib)
- Natpara® (parathyroid hormone)
- Ofev® (nintedanib)
- Orkambi™ (lumacaftor/ivacaftor)
- Saxenda® (liraglutide)
- Soolantra® (ivermectin)

DMAS Contact Information for Participating Pharmacies

Provider Information	Telephone Number(s)	Information Provided
Pharmacy Call Center	1-800-774-8481	Pharmacy claims processing questions, including transmission errors, claims reversals, etc., the generic drug program, problems associated with generic drugs priced as brand drugs, obsolete date issues, determination if drug is eligible for Federal rebate
Preferred Drug List (PDL) & Service Authorization Call Center	1-800-932-6648	Questions regarding the PDL program, service authorization requests for non-preferred drugs, service authorization requests for drugs subject to prospective DUR edits
Maximum Allowable Cost (MAC) and Specialty Maximum Allowable Cost (SMAC) Call Center	1-866-312-8467	Billing disputes and general information regarding multi-source drugs subject to the MAC program. Billing disputes and general information related to specialty drugs subject to the SMAC Program
Provider Helpline	1-800-552-8627 (in state) 1-804-786-6273 (out of state)	All other questions concerning general Medicaid policies and procedures
MediCall	1-800-884-9730 or 1-800-772-9996	Automated Voice Response System for Verifying Medicaid Eligibility
Medicaid Managed Care Organization (MCO) Information	Anthem 1-800-901-0020 Coventry Cares 1-800-279-1878 Kaiser 1- 855-249-5025 INTotal 1-855-323-5588 Optima 1-800-881-2166 VA Premier 1-800-828-7989	Questions relating to Medicaid members enrolled in Medicaid Managed Care Plans

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a new program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/alte-home.aspx to learn more.

MANAGED CARE ORGANIZATIONS

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid

Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.